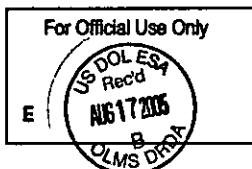


This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

1 File Number U <b>9478</b>	2 Fiscal Year Covered From <b>1</b> / <b>1</b> / <b>2004</b> Through <b>12</b> / <b>31</b> / <b>2004</b>
3 Name and address of person filing  Name <b>Robert</b> <b>A</b> <b>Fozio</b>  P O Box Bldg Room No if any  Street <b>16600 Sprague Road Suite 275</b>  City <b>Middleburg Heights</b>  State <b>Ohio</b> ZIP Code +4 <b>44130</b>	4 Name file number and address of labor organization  Name <b>Northern Ohio Administrative District Council</b>  Labor Organization File Number <b>530173</b>  P O Box Building and Room Number if any  Street <b>16600 Sprague Road Suite 275</b>  City <b>Middleburg Heights</b>  State <b>Ohio</b> ZIP Code +4 <b>44130</b>
5 Position in labor organization <b>District Director</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

<b>A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent</b>	
<b>6 Name and address of Employer (including trade name if any)</b>  Name <input style="width: 90%;" type="text"/>  Trade Name if any <input style="width: 90%;" type="text"/>  P O Box Bldg Room No if any <input style="width: 90%;" type="text"/>  Street <input style="width: 90%;" type="text"/>  City <input style="width: 90%;" type="text"/>  State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	<b>7 a Nature of Interest Transaction or Income</b>  <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <b>7 b Amount.</b>  <div style="border: 1px solid black; width: 100%; height: 40px; display: flex; justify-content: flex-end; align-items: center; padding-right: 10px;"> <span>\$0</span> </div>

**Signature**

**15 Signature and verification** The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

**Signed**

*Robert P. Lopez*

On

8/12/2005

Date \_\_\_\_\_

440-234-4070

Telephone Number

Name of Person Filing Robert Fozio

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name Barrow Hanley Mewhinney &amp; Strauss

Trade Name if any

P O Box Bldg Room No if any JP Morgan Chase Tower

Street 2200 Ross Avenue 31st Floor

City Dallas

State Texas ZIP Code + 4 75201

## 11 a Nature of such dealing

Trustees Dinner on 9/9/2004

Estimated value over \$25 00

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

## 12 b Amount

\$0

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

\$0

Name of Person Filing Robert Fozio

File Number U-

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**9 Business deals with**☐ a Labor Organization☒ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name NWQ Investment Management Co

Trade Name if any

P O Box Bldg Room No if any

Street 333 West Wacker Drive 32nd Floor

City Chicago

State Illinois ZIP Code + 4 60606

**11 a Nature of such dealing**

Trustees Dinner on 3/18/2004

Estimated value over \$25 00

**11 b Approximate dollar value of such dealing****12 a Nature of interest held or income received****12 b Amount**

\$0

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**14 a Nature of payment.****13 b Is the Business an Employer** ☐ **or Consultant** ☐ ?**14 b Amount of payment**

\$0

Name of Person Filing Robert Fozio	File Number U-
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name if any)</b> Name <input type="text"/> Trade Name if any: <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>9 Business deals with</b> <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c. is checked give trust or employer's name</b> Name <input type="text"/> Invesco Global Assets Management Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> 1360 Peachtree St NE Suite 100 City <input type="text"/> Atlanta State <input type="text"/> Georgia ZIP Code + 4 <input type="text"/> 30309	<b>11 a Nature of such dealing</b> <input type="text"/> Trustees Dinner on 6/17/2004 Estimated value over \$25 00  <b>11 b Approximate dollar value of such dealing</b> <input type="text"/> <b>12 a Nature of interest held or income received</b> <input type="text"/>  <b>12 b Amount</b> <input type="text"/> \$0

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>14 a Nature of payment.</b> <input type="text"/>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14 b Amount of payment</b> <input type="text"/> \$0

Name of Person Filing Robert Fozio

File Number U-

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name if any)**Name Trade Name if any P O Box Bldg Room No if any Street City State  ZIP Code + 4 **9 Business deals with**

- ☐ a Labor Organization
- ☒ b Trust
- ☐ c Employer

**10 If 9 b or 9 c is checked give trust or employer's name**Name Trade Name if any P O Box Bldg Room No if any Street City State  ZIP Code + 4 **11 a Nature of such dealing****11 b Approximate dollar value of such dealing****12 a Nature of interest held or income received****12 b Amount**

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**Name Trade Name if any P O Box Bldg Room No if any Street City State  ZIP Code + 4 **14 a Nature of payment.****13 b Is the Business an Employer** ☐ **or Consultant** ☐ **?****14 b Amount of payment.**

Name of Person Filing Robert Fozio

File Number U

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name if any)**

Name Faulkner Muskovitz &amp; Phillips LLP

Trade Name if any

P O Box Bldg Room No if any

Street 820 West Superior Avenue 9th Floor

City Cleveland

State Ohio ZIP Code + 4 44113

**9 Business deals with**☐ a Labor Organization☐ b Trust☒ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**11 a Nature of such dealing**

Christmas Fruit Basket received on 12/2004

Estimated value over \$25 00

**11 b Approximate dollar value of such dealing****12 a Nature of interest held or income received****12 b Amount**

\$0

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**14 a Nature of payment**13 b Is the Business an Employer ☐ or Consultant ☐ ?**14 b Amount of payment.**

\$0

Name of Person Filing Robert Fozio	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name if any)</b> Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>9 Business deals with</b> <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name <input type="text" value="Ohio Bricklayers Health &amp; Welfare Fund"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text" value="205 West 4th St Suite 225"/> City <input type="text" value="Cincinnati"/> State <input type="text" value="Ohio"/> ZIP Code + 4 <input type="text" value="45202"/>	<b>11 a Nature of such dealing</b> <input type="text" value="Travel Expense to Trustees Meeting"/> <input type="text" value="3/18 - 3/19/2004"/> <input type="text" value="6/17 - 6/18/2004"/> <input type="text" value="9/9 - 9/10/2004"/> <input type="text" value="12/9 - 12/10/2004"/> <b>11 b Approximate dollar value of such dealing</b> <input type="text" value="\$1 112"/> <b>12 a Nature of interest held or income received</b> <input type="text"/> <b>12 b Amount</b> <input type="text" value="\$0"/>

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>14 a Nature of payment.</b> <input type="text"/>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14 b Amount of payment</b> <input type="text" value="\$0"/>

Name of Person Filing Robert Fozio

File Number U

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**8 Name and address of Business (including trade name if any)**Name Trade Name if any P O Box Bldg Room No if any Street City State  ZIP Code + 4 **9 Business deals with**☐ a Labor Organization☒ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**Name Trade Name if any P O Box, Bldg Room No if any Street City State  ZIP Code + 4 **11 a Nature of such dealing**

Travel Expense to Trustee Meeting

3/18 - 3/19/2004

6/17 - 6/18/2004

12/9 - 12/10/2004

Educational Conference - IFEBP 11/30 - 12/4/2004

**11 b Approximate dollar value of such dealing****12 a Nature of interest held or income received****12 b Amount**

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**Name Trade Name if any P O Box, Bldg Room No if any Street City State  ZIP Code + 4 **14.a Nature of payment.****13 b Is the Business an Employer** ☐ **or Consultant** ☐ **?****14 b Amount of payment.**



Positive

Register Report  
1/1/04 Through 12/31/04

Page 1

Date	Account	Num	Description	Memo	Category	Clr	Amount
3/19/04	Ohio B L P	10281	Robert A Fozio	Travel Exp 03/18 03/19/04 mtg	Meeting Expense Travel Expense		274 10
6/18/04	Ohio B L P	10430	Robert A Fozio	travel expense 06/17 06/18/0	Meeting Expense Travel Expense		-431 10
9/10/04	Ohio B L P	10565	Robert A Fozio	Travel Adv Conf 0401	Meeting Expense Travel Expense		2 000 00
9/28/04	Ohio B L P	DEP	Robert A Fozio	Refund Conf 0401	Meeting Expense Travel Expense		1 166 64
12/10/04	Ohio B L P	10772	Robert A Fozio	Travel exp 12/9 12/10/04 meet	Meeting Expense Travel Expense		89 60
TOTAL 1/1/04 12/31/04							1 628 16
TOTAL INFLOWS							1 166 64
TOTAL OUTFLOWS							2 794 80
NET TOTAL							1 628 16

KLW

Date	Account	Num	Description	Memo	Category	Clr	Amount
3/19/04	Ohio B L	13547	Robert A Fozio	Travel Exp 03/18 03/19/04 mtg	Meeting Expense Travel Expense		274 10
6/18/04	Ohio B L	13698	Robert A Fozio	travel expense 06/17 06/18/0	Meeting Expense Travel Expense		431 10
9/10/04	Ohio B L	13841	Robert A Fozio	Travel Exp 9/9 9/10/04 meetings	Meeting Expense Travel Expense		317 21
12/10/04	Ohio B L	14197	Robert A Fozio	Travel exp 12/9 12/10/04 meetn	Meeting Expense Travel Expense		89 60
TOTAL 1/1/04 - 12/31/04							1 112 01
TOTAL INFLOWS							0 00
TOTAL OUTFLOWS							1 112 01
NET TOTAL							1 112 01